

# **TOWN OF CAMP VERDE**

## **VERIFICATION OF A NON-CONFORMING USE**



**TOWN OF CAMP VERDE**  
Planning & Zoning  
473 S. Main St. Suite 102  
Camp Verde, AZ 86322  
Phone (928)-567-8513 - Fax (928) 567-7401

Date Recv'd \_\_\_\_\_ Amount Recv'd \_\_\_\_\_

**APPLICATION FOR VERIFICATION OF NON-CONFORMING USE**

**Fee: Current Fee Schedule**

Verification of an Existing Non-Conforming Use: The Use of the premises must adapt the land for the use and employ the premises for the non-conforming purposes. The use need not be in actual operation when the land use ordinance that changes the use from legal conforming to legal non-conforming takes or took effect, but it must have been used for that purpose within the twelve month period preceding the change; however, the casual, intermittent, temporary or illegal use of land or building shall not be sufficient to establish the existence of a non-conforming use. Nothing in this paragraph shall be construed to mean that any use is exempt from regulations enacted to protect public health, safety and welfare.

Two or more of the following methods may verify an existing non conforming use:

1. Records of use of land or structures in the County Assessor's office, County Planning and Zoning/Building Safety Office, County Health Department, or other government agency with sufficient information to show that the use predates existing zoning.
2. Similar evidence from utility companies, business or private records.
3. Affidavit(s) from individuals(s) testifying that the property was used for a purpose that predates adoption of the zoning in question.

**Property Owner Information**

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**Property Information**

Name \_\_\_\_\_

Parcel No. \_\_\_\_\_

Nature of Non-Conforming Use \_\_\_\_\_

Dates of Operation \_\_\_\_\_

Proof of Non-Conforming Use \_\_\_\_\_

**Please attach Site Plan**

**Hearing Information**

Hearing Date \_\_\_\_\_ Hearing Time \_\_\_\_\_ Case No. \_\_\_\_\_

Hearing Decision \_\_\_\_\_

Civil Hearing Officer \_\_\_\_\_ Date \_\_\_\_\_